



State of Wisconsin  
**Department of Health and Family Services**

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Jim Doyle, Governor  
Helene Nelson, Secretary

June 16, 2006

Dear Colleagues and Friends of Foster Children,

For some time, many of us have worked together to develop an improved system of health care for foster children entrusted to the Bureau of Milwaukee Child Welfare. We at the Department of Health and Family Services appreciate and thank you for your past work and current interest in this important project. I especially wish to note and thank the Allied Services for Healthy Foster Children Advisory Committee and the BMCW Partnership Council. I am writing today to update you on the status of the project and our plans to go forward to improve children's care.

Our goal is to ensure that every single child has quality comprehensive physical, mental health and dental care across all developmental stages, from infant to young adult. We at the Department are committed to giving this the priority it requires so all BMCW foster children get the health care that they need and deserve.

As you know, we have been planning to contract with a single Health Maintenance Organization for foster children as the pathway to achieve the goal. With the guidance of the Advisory Committee, we sought federal agreement for a modified Medical Assistance waiver for managed care that would provide the children with the coordinated case management and specialized screenings and services that they need.

Regrettably, it has recently become clear that the federal Centers for Medicare and Medicaid Services (CMS), driven with their broader policy concerns about targeted case management, will not approve that portion of the waiver that provides for comprehensive case management. Comprehensive case management was a central recommendation of our Advisory Committee and an essential part of our commitment to improve health care for these children.

As a result of the CMS decision, we have reconsidered how best to assure that the key functions of health care management are achieved for each child. Specifically, we want to make sure that each child's health is timely screened, specific health needs are properly assessed and an individualized plan is developed for the delivery of needed care. We want to assure systematically that required care is actually delivered effectively in the right way, time and place, including behavioral health and dental health care as well as physical health care. Finally, we want to assure that care is coordinated across multiple health care disciplines as well as with all relevant BMCW entities, and appropriately engages the foster families.

Stated more generally, our goal is quality care provided by a diverse group of health care professionals, including culturally competent experts in issues related to child development with

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training on the special emotional, behavioral and physical health needs of children who have experienced abuse, neglect and trauma.

I assure you that the position taken by CMS to disapprove added case management will not deter us from our goals. We will modify our pathway to achieve the goals – *how exactly* we improve care, *not whether* we will do so. We can, we must, and we will move forward. As we move forward, we will rely on the advice and work to date by the Advisory Committee. We want to build momentum and move as expeditiously as possible into implementation.

Accordingly, this is the direction we intend to pursue. We ask your feedback and your assistance in going forward.

1. *Appoint a full-time chief medical officer for BMCW.* I have approved creation of a full-time Medical Director position for the Bureau of Milwaukee Child Welfare that will be established within the next two months.
2. *Develop a Medical Home partnership model for serving BMCW foster children.* The Medical Director will work with the BMCW Director, DCFS Administrator, and Division of Health Care Financing to develop the necessary infrastructure to support the Medical Home model.

Medical Home is not a building or hospital. It is an approach to providing health care services in a high-quality manner through partnership between families caring for children and the physicians they trust. It uses a team approach to organize and coordinate services across a comprehensive range of medical, mental health and dental needs identified for each child individually. The Medical Home model has been employed in several other jurisdictions including Los Angeles, Monroe County New York, and Illinois, and is being very well received. After considerable research and discussion, we are convinced that it can make a very real, very positive difference in health care for foster children in Milwaukee.

Medical Home is also not a case management model of funding. We do not anticipate that CMS will have a problem with the strategy for funding this care model. There are several options by which we can assure sufficient levels of reimbursement to make it effective, such as (but not limited to) partnerships with Federally Qualified Health Centers that receive full-cost Medical Assistance financing.

3. *Seek agreements with any willing and able HMO, and be willing to use Fee for Service arrangements with Federally Qualified Health Centers, to deliver health care consistent with the medical home model.* We are canceling the sole source RFP/contracting process with Abri Health Care. The Division of Health Care Financing and the Division of Children and Family Services will jointly meet with all Family Medicaid HMOs in Milwaukee County and the Milwaukee FQHCs to discuss their interest in being our partners in the medical home model and upgraded services for foster children.

Please note that a number of staff at FQHCs have already been trained in the Medical Home model. It may be useful to rely on these trained physicians; however, we will welcome other providers who are willing and able to assume the full responsibilities in the Medical Home model.

Please note also that at least some of the children, and many of the newly entering foster children, have been enrolled in existing HMOs. Continuity of care factors may be important to consider in individual cases.

4. *Provide enhanced reimbursement for behavioral health services tied to performance.* We will quickly explore the best methods for designing the medical home model so that behavioral health care providers are available who will be skilled and effective in serving the needs of the foster children. We anticipate building on the knowledge and performance of Milwaukee Wrap Around in this process.
5. *Build into the Medical Home model other substantive health care needs and improvements identified by the Advisory Committee.* We have already learned a lot from the Advisory Committee -- not only with regard to the value of case management, but on a range of related issues such as the use of blanket court orders, biological and foster parent informing issues, and enrollment issues. We have kept careful track of the recommendations we have received, and we intend to bring them forward into the Medical Home model. We are fortunate that we can build on the tremendous thought and effort that has gone into our collective work thus far toward improving health care for foster children in Milwaukee.
6. *More forward expeditiously. Focus on the immediate need to improve care for specific children where care is inadequate, and also pursue a systematic longer term approach to bring all foster children into the Medical Home model over time.* Our most urgent need is to help specific children who are not being served adequately now to get the health care they need. That will be the priority in going forward. The Medical Director and BMCW management will individualize arrangements for each child, with the best interest of the child being paramount.

At the same time, we will pursue systematic changes to bring a strong system into place for all children over time. As we do so, we will seek to add value, not complexity to the system. We will not impose a uniform model that may not work best for all children and families.

We are immensely grateful for the work of the Advisory Committee over the past months. We extend our sincere thanks for your thoughtful work. We also appreciate the leadership and oversight of the Partnership Council and the involvement of many others in this endeavor.

We continue to need advice and help as we move forward to implement the Medical Home model including various improvements suggested by the Advisory Committee. To help achieve this goal, we will convene a small working group of community stakeholders to help us answer the many questions and make the many decisions that will bring the Medical Home partnership model to life in Milwaukee. We are eager to proceed promptly and yet also thoughtfully. We appreciate people's willingness to help us balance the requirements for doing it right, and doing it soon.

This will be an exciting new endeavor. All of us at the Department of Health and Family Services are committed to its success. We understand that it is all about improving health care for children. We are willing to do what it takes to get them the care they need.

Thank you again for your concern and partnership in helping foster children.

Sincerely,

A handwritten signature in black ink, appearing to read "Helene Nelson". The signature is fluid and cursive, with the first name "Helene" and last name "Nelson" clearly distinguishable.

Helene Nelson  
Secretary

cc: Burnie Bridge, Division of Children and Family Services  
Angie Dombrowicki, Division of Health Care Financing  
Bill Fiss, Division of Children and Family Services  
Mark Moody, Division of Health Care Financing  
Denise Revels Robinson, Bureau of Milwaukee Child Welfare